

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10/019182</b>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5						
6						
7						
8	1					
9						
10						
11						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	8					
TOTAL CLAIMS	9					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831